

Commonwealth of Massachusetts
DIVISION OF PROFESSIONAL LICENSURE
The Office of The Board of State Examiners of
Plumbers and Gasfitters

239 Causeway Street, Suite 400, Boston, Massachusetts 02114

MODIFICATION FORM INSTRUCTIONS

1. Use this form to add additional models that are similar to already approved products and, the Modification of the products complies with the following:
Use the Modification Form for cosmetic changes such as, the color, to decorative trim, decorative hardware, or a name alteration.
 - a) This request requires you to submit a one-year provisional product approval. You can find this application at <http://www.mass.gov/dpl/boards/pl>
 - b) At the Board Homepage scroll down and select on Applications and Forms
Select Manufacturing Applications
Select Manufacturing Modification Form for Product Approval
 - c) You will need to submit all supporting documentation regarding the existing model and the information regarding the new models. The Board of Examiners Office will determine the validity of the comparison.
2. Use the Product Modification Form for recording changes to the product names and model numbers, which appear as current models, listed as approved.
 - a) You can also use this form for model number changes and model name changes as shown on the Approved Product System online currently listed as approved products that demonstrate no changes to any specific characteristics of the plumbing and/or gas design components.
 - b) Model number and/or Model name changes will not require an additional fee.
 - c) When using this form for a model number change, or for a name change only, you will be required to submit an excel spreadsheet cross referencing the old model(s) with the new model(s).

FOR YOU INFORMATION

If you do not have the Modification Form Notarized, where indicated on the form, the Board will not be able to process your request in a timely manner.

REQUEST FOR NEW PRODUCT APPROVAL MODIFICATION FORM

To: Massachusetts State Board of Examiners of Plumbers and Gas Fitters

From: _____

Date: _____

Re: Request for Approval of additional Plumbing Product similar to

Existing Mass. Approval # _____ Original Approval Date _____

_____ Name	_____ Title
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_____ Company	_____ City – State – Country
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In the capacity, I am responsible for _____.
I am personally knowledgeable for all facts in this request.

We wish to obtain the approval of The Massachusetts State Board of Examiners of Plumbers and Gas Fitters for the following new models:

Product(s) _____ Model Number(s) _____,

The new model(s) contain no substantial change or modification to the plumbing components incorporated in the model(s), previously approved by The Board.

I recognize that this new approval does not relieve the Manufacturer of the certified testing requirements by an approved testing agency, as stated in 248 CMR 3.04 of the Massachusetts State Plumbing and Gas Code.

I understand that a New Product Approval Application will accompany this application.

List Product Differences: _____

_____ Print Name	_____ Title
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_____ Company Address (City/State/Zip)	_____ Telephone
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Signature

I _____ have witnessed this Signature, and know this person to hold the Title as stated above.

Signature

Date